

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**BERNARD SHELL**

Mailing Address 7529 ROLLINGBROOK TRAIL

City	State	Zip Code
SOLOON	OH	44139-5155

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
PERMCO

Occupation  
BUSINESS OWNER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

525.00

**Transaction ID : SA17.391965**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. W. C. SIBLEY**

Mailing Address P.O. BOX 2048

City	State	Zip Code
CARLSBAD	NM	88221-2048

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.393760**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**RICKY SMITH**

Mailing Address 21102 LAWRENCE 1165

City	State	Zip Code
VERONA	MO	65769-6282

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

**Transaction ID : SA17.391516**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

13.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

363.00

**Total This Period (last page this line number only)**.....